

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of	mailing can only be used f	or domestic mailings of th							
23122 759	90 09/30/2005			papers. Each additiona	is certificate cannot be used al paper, such as an assignm e of mailing or transmission.	ent or formal drawing, mu							
23122 759 RATNERPRESTI			<u> </u>		_	emiccion							
P O BOX 980 VALLEY FORGE, PA 19482-0980 04/2006 RFEKADU2 00000054 10751611		JAN 0 3 2006 U		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.  Lisa Bennett (Depositor's name									
							C:1501	1400.00 OP	/ JAN	0 3 FAGO TO	54 10	MI n n &I	(Signature
							C:1504	300.00 DP	12	~°	December 3	80, 2005	
C:8001	30.00 OP	CAL 8	THANKS	December	50, 2005	(Date							
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.							
10/751,611 01/05/2004		Derck Wyndham Clissold		lissold	JMYT-314US	2420							
APPLN. TYPE nonprovisional	SMALL ENTITY NO .	ISSUE FE	E	PUBLICATION FEE \$300	TOTAL FEE(S) DUE	DATE DUE 12/30/2005							
					1								
EXAMI		ART UNI	T j	CLASS-SUBCLASS	<b>]</b>								
WITHERSPOO	N, SIKARL A	1621		560-183000									
Change of corresponde Address form PTO/SB/12	•		or agents OR, all (2) the name of	single firm (having as	a member a 2	· · · · · · · · · · · · · · · · · · ·							
Address form PTO/SB/122	attached.     on (or "Fee Address" Indication     more recent) attached. Use		(2) the name of registered attorn	a single firm (having as a sy or agent) and the nament attorneys or agents. If	nes of up to								
Address form PTO/SB/122  "Fee Address" indicate PTO/SB/47; Rev 03-02 or	on (or "Fee Address" Indica r more recent) attached. Use	ation form e of a Customer	(2) the name of registered attorn 2 registered pate listed, no name v	a single firm (having as by or agent) and the nam at attorneys or agents. If will be printed.	nes of up to								
Address form PTO/SB/12:  "Fee Address" indication PTO/SB/47; Rev 03-02 on Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless is	on (or "Fee Address" Indicar more recent) attached. Use	ation form e of a Customer E PRINTED ON TI	(2) the name of registered attorn 2 registered pate listed, no name v	a single firm (having as a sy or agent) and the name at attorneys or agents. If will be printed.  or type)  the patent. If an assign	nes of up to	locument has been filed f							
Address form PTO/SB/12:  "Fee Address" indication PTO/SB/47; Rev 03-02 on Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless is	on (or "Fee Address" Indica r more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion	ation form e of a Customer E PRINTED ON To clow, no assignce d of this form is NOT	(2) the name of registered attorn 2 registered pate listed, no name v HE PATENT (prin lata will appear on a substitute for fili	a single firm (having as a sy or agent) and the nan at attorneys or agents. If will be printed.  or type) the patent. If an assign ng an assignment.  TY and STATE OR CO	nee is identified below, the country)	locument has been filed t							
Address form PTO/SB/12.  "Fee Address" indication PTO/SB/47; Rev 03-02 on Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE	on (or "Fee Address" Indica r more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion	ation form e of a Customer E PRINTED ON To clow, no assignce d of this form is NOT	(2) the name of registered attorn 2 registered pate listed, no name v HE PATENT (prin lata will appear on a substitute for filip RESIDENCE: (CI	a single firm (having as a sy or agent) and the nan at attorneys or agents. If will be printed.  or type) the patent. If an assign ng an assignment.  TY and STATE OR CO	nee is identified below, the o	locument has been filed f							
Address form PTO/SB/12.  "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in 100 (A) NAME OF ASSIGNE Johnson Mat	on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion to the property of the proper	ation form e of a Customer  E PRINTED ON TI clow, no assignee d of this form is NOT  (B) .mited Comp	(2) the name of registered attorn 2 registered pate listed, no name vHE PATENT (prin lata will appear on a substitute for filip RESIDENCE: (Cloany	a single firm (having as a sty or agent) and the nan at attorneys or agents. If will be printed.  or type) the patent. If an assign an assignment.  TY and STATE OR CO London, Unit	nee is identified below, the of UNTRY)  Lited Kingdom	· · · · · · · · · · · · · · · · · · ·							
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in 100 (A) NAME OF ASSIGNE Johnson Mat  Please check the appropriate and the set of the set	on (or "Fee Address" Indicate recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion EE they Public Liassignee category or catego	ation form e of a Customer  E PRINTED ON To clow, no assignce d of this form is NOT  (B) mited Comp	(2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name v HE PATENT (prin lata will appear on a substitute for filip RESIDENCE: (Cleany	a single firm (having as ey or agent) and the nan at attorneys or agents. If will be printed.  For type)  the patent. If an assign an assignment.  TY and STATE OR CO  London, United Individual C	nee is identified below, the country)	· · · · · · · · · · · · · · · · · · ·							
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE  Johnson Mat  Please check the appropriate at 4a. The following fee(s) are e	on (or "Fee Address" Indicate recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion EE they Public Liassignee category or catego	e of a Customer  E PRINTED ON THE PR	(2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name v HE PATENT (prin lata will appear on a substitute for fill PATENTE: (Cleany)	a single firm (having as ey or agent) and the nan at attorneys or agents. If will be printed.  For type)  the patent. If an assign an assignment.  TY and STATE OR CO  London, United the control of the	nee is identified below, the of the UNTRY)  Lited Kingdom  orporation or other private gr								
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in 1 (A) NAME OF ASSIGNE  Johnson Mat  Please check the appropriate at 4a. The following fee(s) are expressions.	on (or "Fee Address" Indicate more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified by 37 CFR 3.11. Completion they Public Li assignee category or catego enclosed:	e of a Customer  E PRINTED ON THE COMMENT OF THE CUSTOM OF T	(2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name v. HE PATENT (prin lata will appear on a substitute for fill part of the patent) are done the patent.  Payment of Fee(s)  A check in the	a single firm (having as ey or agent) and the nan at attorneys or agents. If will be printed.  For type)  the patent. If an assign an assignment.  TY and STATE OR CO  London, United Individual C	nee is identified below, the of the country)  L'ted Kingdom  orporation or other private granclosed.								
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in 1 (A) NAME OF ASSIGNE  Johnson Mat  Please check the appropriate at 4a. The following fee(s) are expressions.	on (or "Fee Address" Indicate more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified by 37 CFR 3.11. Completion they Public Liassignee category or catego enclosed:	e of a Customer  E PRINTED ON THE PR	(2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name v.  HE PATENT (prin lata will appear on a substitute for fill part of the patent)  RESIDENCE: (Clary)  Inted on the patent)  Payment of Fee(s)  A check in the later payment by cre	a single firm (having as ey or agent) and the nan at attorneys or agents. If will be printed.  For type)  The patent. If an assign an assignment.  The patent of the fee (s) is end to card. Form PTO-203: hereby authorized by card agent agent and the fee (s) is end to card. Form PTO-203: hereby authorized by card.	nee is identified below, the of the contract o	oup entity Government							
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE Johnson Mat  Please check the appropriate at 4a. The following fee(s) are expenses a publication Fee (No small; Advance Order - # of the Please Check in the propriate at 1 same prop	on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion they Public Li assignee category or catego enclosed:  mall entity discount permitted copies	e of a Customer  E PRINTED ON THE COMMENT OF THE CUSTOM OF THE C	(2) the name of registered attorn 2 registered pate listed, no name where PATENT (prin lata will appear on a substitute for fill PATENT (Closury)  RESIDENCE: (Closury)  Inted on the patent)  Payment of Fee(s)  A check in the Company Payment by creen attorned at the payment by creen at the payment at the payment by creen at the payment by creen at the payment at the payment by creen at the payment at the payment by creen at the payment at the paym	a single firm (having as ey or agent) and the nan at attorneys or agents. If will be printed.  For type)  The patent. If an assign an assignment.  The patent of the fee (s) is end to card. Form PTO-203: hereby authorized by card agent agent and the fee (s) is end to card. Form PTO-203: hereby authorized by card.	nee is identified below, the of the contract o	oup entity Governme							
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE  Johnson Mat  Please check the appropriate at 4a. The following fee(s) are expenses and publication Fee (No snow Publication Fee (No sno	on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion they Public Li assignee category or catego enclosed:  mall entity discount permitted copies	e of a Customer  E PRINTED ON THE PR	(2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name v.  HE PATENT (prin lata will appear on a substitute for fill of RESIDENCE: (Cloany)  Inted on the patent)  Payment of Fee(s)  A check in the late of Payment by cre  The Director is Deposit Account N	a single firm (having as ey or agent) and the nan at attorneys or agents. If will be printed.  For type)  the patent. If an assign an assignment.  TY and STATE OR CO  London, United the fee(s) is end to card. Form PTO-203: hereby authorized by cumber.	nee is identified below, the of the contract o	oup entity Governme credit any overpayment, copy of this form).							
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE  Johnson Mat  Please check the appropriate at 4a. The following fee(s) are expenses and publication Fee (No snow Publication Fee (No sno	on (or "Fee Address" Indicate more recent) attached. Use the property of the p	e of a Customer  E PRINTED ON THE low, no assignee dof this form is NOT  (B)  mited Comp  ries (will not be printed the printe	(2) the name of registered attorn 2 registered attorn 2 registered pare listed, no name v. HE PATENT (prin lata will appear on a substitute for fill parents). Payment of Fee(s) A check in the Payment by cre The Director is Deposit Account N	a single firm (having as ey or agent) and the nan at attorneys or agents. If will be printed.  For type)  the patent. If an assign an assignment.  TY and STATE OR CO  London, United the fee(s) is endited at the fee of th	nee is identified below, the of the component of the comp	oup entity Governme  credit any overpayment, opy of this form).  FR 1.27(g)(2).							
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE  Johnson Mat  Please check the appropriate at 4a. The following fee(s) are expenses and Publication Fee (No snow Publication Fee (No sno	on (or "Fee Address" Indicate more recent) attached. Use the property of the p	e of a Customer  E PRINTED ON THE low, no assignee dof this form is NOT  (B)  mited Comp  ries (will not be printed the printe	(2) the name of registered attorn 2 registered attorn 2 registered pare listed, no name v. HE PATENT (prin lata will appear on a substitute for fill parents). Payment of Fee(s) A check in the Payment by cre The Director is Deposit Account N	a single firm (having as ey or agent) and the nan at attorneys or agents. If you agents are in the patent. If an assign an assignment.  TY and STATE OR CO London, United Individual Common to the fee(s) is endit card. Form PTO-203: hereby authorized by cumber to longer claiming SMA or e-apply any previous than the applicant; a reg	nee is identified below, the of the component of the comp	credit any overpayment, copy of this form).  FR 1.27(g)(2).  ation identified above. the assignee or other party							
Address form PTO/SB/12.  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE  Johnson Mat  Please check the appropriate at 4a. The following fee(s) are expenses and Publication Fee (No snow a publication Fee (N	on (or "Fee Address" Indicate more recent) attached. Use the property of the p	ation form e of a Customer  E PRINTED ON THE PRINTE	(2) the name of registered attorn 2 registered attorn 2 registered pare listed, no name v. HE PATENT (prin lata will appear on a substitute for fill parents). Payment of Fee(s) A check in the Payment by cre The Director is Deposit Account N	a single firm (having as ey or agent) and the nan at attorneys or agents. If you agents are in the patent. If an assign an assignment.  TY and STATE OR CO London, United Individual Common to the fee(s) is endit card. Form PTO-203: hereby authorized by cumber to longer claiming SMA or e-apply any previous than the applicant; a reg	nee is identified below, the off the components of the components	credit any overpayment, copy of this form).  FR 1.27(g)(2).  ation identified above. he assignee or other party							

summang the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.